

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-970)						SERIAL NO.	FILING DATE
						10 / 51 15 70	
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3						53	
4						54	
5						55	
6						56	
7						57	
8						58	
9						59	
10						60	
11						61	
12						62	
13						63	
14						64	
15						65	
16						66	
17						67	
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39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.						TOTAL IND.	
TOTAL DEP.	7					TOTAL DEP.	
TOTAL CLAIMS	8					TOTAL CLAIMS	

Best Available Copy